

THE VILLAGE PRESBYTERIAN CHURCH CONFIRMATION RELEASE FORM

Name of Participant: _____

I/We understand that there are inherent risks involved with events that the Village Presbyterian Youth Ministry part take in, and I/we hereby release The Village Presbyterian Church, its staff, and volunteers from any and all liability due to any injury, loss or damage to person or property that may occur during the 2009 – 2010 Confirmation class.

I/we give permission for my son/daughter to attend events hosted by The Village Presbyterian Church which may include the following: Retreats at The Village Presbyterian Church, service events to Good News Partners Mini Missions, Good News Soup Kitchen, Retreats off TVPC property, and outings to Laser Tag, bowling, or any other event the church feels appropriate to attend. If I/we at any time do not feel comfortable having my son/daughter attend an event, I/we understand that I/we have the right to hold back their participation of that specific event.

I/we understand that in the nature of the confirmation program there may be times where they are in a situation where they will be alone in a car with their S.O.A.P (Significant other adult person). Therefore, I/we give permission for my son/daughter to drive alone in a car with their specific S.O.A.P. (Significant other adult person) to events or outings that are associated with the SOAP program. _____ (Initial)

I/we the undersigned are the legal parent or guardian of the above participant. In the event that I/he/she is injured while participating in an event and requires the attention of a doctor, I/we give permission to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physical and/or hospital personnel refuses to administer without my/our consent, I/we hereby authorize Melissa Hyder, the lead adult of our group, or volunteer staff of the Village Presbyterian church to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed below, or because of an emergency, there is not time or opportunity to make a phone call. In the event it becomes necessary for that person to give consent for us, I/we agree to hold such person not liable for any claims, demands or suits for damages arising from giving of such consent. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care that isn't covered by the participant's insurance carrier. Further, I/we affirm that the health insurance information provided below is accurate at this date.

I/we understand that in the case the "Youth Promise" is broken that my son/daughter can be asked to go home. In this case, I/we are responsible to come to event site and take my son/daughter home at my own expense.

In addition, I/we have looked through the Confirmation binder and understand the requirements for the Confirmation program. I/we understand that we need to complete 100% of the requirements to complete the Confirmation process.

Signature of Parent (Guardian): _____ Date: _____

Signature of Confirmand: _____ Date: _____

Home address: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Medical Insurance Name: _____ Ins. #: _____

Address of Insurance Company: _____ Phone #: _____

Name of Emergency Contact Person: _____

Their Address: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Special medical conditions you want to call to the leader's attention: _____
